

APR 07 2010

WATER RESOURCES PROGRAM
NWROSTATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: Change in Season of Use

FOR OFFICE USE ONLY

CHANGE No. CS1-*10680C WRIA 5DATE ACCEPTED 4 / 7 / 10 BY DDFEE \$ 100- REC'D 4 / 7 / 10CHECK No. 059875SEPA: ☒ Exempt ☐ Not exemptRECEIVED 4/9/10****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)******1. Applicant Information:**

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
<u>City of Arlington</u>	<u>(360) 403-3505</u>	<u>(360) 435-7944</u>
ADDRESS		
<u>238 N. Olympic Ave.</u>		
CITY	STATE	ZIP CODE
<u>Arlington</u>	<u>WA</u>	<u>98223</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
<u>Mike Wolanek, Water Resources Planner</u> <u>City of Arlington Utilities Division</u>	<u>(360) 403-3541</u>	<u>(360) 435-7944</u>
ADDRESS		
<u>154 W. Cox Avenue</u>		
CITY	STATE	ZIP CODE
<u>Arlington</u>	<u>WA</u>	<u>98223</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
<u>5983 (aka S1-*10680CWRIS)</u>	<u>J. Floyd Sill</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>See attached deed documenting City of Arlington's purchase from Henry and Betty Graafstra</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. 5983 CERT. OF CHANGE NO. CS1-*10680C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
One (1) Well	1	SW	NW	1	31N	5E	31050100201900	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Haller Well Field (Well #1)	1R	SE	NW	2	31N	5E	00461804400000	AFT307
Haller Well Field (Well #2)	2	SE	NW	2	31N	5E	00461804400000	AGB953
Haller Well Field (Well #3)	3	SE	NW	2	31N	5E	00461804400000	AGB951

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation, 25 acres	0.25 CFS	N/A	Seasonal (Apr 15 th to Oct 1 st)

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Water Supply	112 GPM	50	Continuous – Year Round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
See Exhibit A within attached water right analysis

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
See	above	1	31N	5E	Snohomish	31050100201900	~150 total

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:
City of Arlington purchased from Henry and Betty Graafstra March 2010; see copy of deed, attached

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
Area served by the City of Arlington as described within the most recently approved Water System Plan

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Snohomish		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:
Not applicable because place of use is municipal water system service area.

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 10024 (aka S1-*18929CWRIS)

6. Remarks and Other Relevant Information:

This water right change/transfer is proposed for use within the City of Arlington's water service area.

The entire water right is to be transferred to the City of Arlington. The City requests a change in the season of use from the irrigation season to a year-round use.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Margaret Larson
(Applicant)

04/02/10
(Date)

Margaret Larson
(Water Right Holder)

04/02/10
(Date)

Margaret Larson
(Land Owner(s) of Existing Place of Use)

04/02/10
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____